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PTO/SB/05 (8-96)
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NEW UTILITY PATENT APPLICATION TRANSMITTAL

(to be used for new applications only)

Attorney Docket Number

First Named Inventor

BRETT SAVAGE

Total Pages in this Submission

13

APPLICATION ELEMENTS

Notice: Checklist items mentioned under **Application Elements** section construct a new utility patent application. Please refer to MPEP Sections 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.

1. ☒ Fee Transmittal Form (prescribed filing fee(s))
2. Specification
 - ☒ Title of the Invention
 - ☐ Cross References to Related Applications (if applicable)
 - ☐ Statement Regarding Federally-sponsored Research/Development (if applicable)
 - ☐ Reference to Microfiche Appendix (if applicable)
 - ☒ Background of the Invention
 - ☒ Brief Summary of the Invention
 - ☒ Brief Description of the Drawings (if drawings filed)
 - ☒ Detailed Description
 - ☒ Claim or Claims
 - ☒ Abstract of the Disclosure
3. ☒ Drawing(s) (when necessary as prescribed by 35 USC 113)
4. ☒ Executed Declaration
5. Genetic Sequence Submission (if applicable, all must be included)
 - ☐ Paper Copy
 - ☐ Computer Readable Copy
 - ☐ Statement Verifying Identical Paper and Computer Readable Copy

ACCOMPANYING APPLICATION PARTS

60/473,289

6. ☐ Assignment Papers
7. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
8. ☐ Computer Program in Microfiche
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Petition Checklist and Accompanying Petition
12. ☐ Preliminary Amendment
13. ☐ Proprietary Information
14. ☒ Return Receipt Postcard
15. ☒ Small Entity Statement
16. ☐ Additional Enclosures (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

BRETT SAVAGE

Signature

Date

10-20-2003

FOR OFFICIAL USE ONLY

Application Number	60/473,289	Class		Independent Claims	
Date of Receipt	Application Type		GAU	Total Claims	
	Filing Date		Foreign Filing License?	Drawing Sheets	
	Small Entity		Foreign Address?	Special Handling?	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 60/473,289				
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)							
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE			
BASIC FEE <small>(37 CFR 1.16(a))</small>	\$385.00					\$385.00	\$		
TOTAL CLAIMS <small>(37 CFR 1.16(c))</small>	5	minus 20 =	* -15		x \$	= \$0.00	x \$		
INDEPENDENT CLAIMS <small>(37 CFR 1.16(b))</small>	3	minus 3 =	* 0		x	= \$0.00	x		
MULTIPLE DEPENDENT CLAIM PRESENT <small>(37 CFR 1.16(d))</small>					+	=	+		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	\$385.00	OR TOTAL		
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY				
(Column 1)		(Column 2)		(Column 3)					
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	x \$	=	OR x \$	=
	Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x	=	OR x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +	=	
					TOTAL		OR TOTAL		
(Column 1)		(Column 2)		(Column 3)			ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	x \$	=	OR x \$	=
	Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x	=	OR x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +	=	
					TOTAL		OR TOTAL		
(Column 1)		(Column 2)		(Column 3)			ADDIT. FEE		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total <small>(37 CFR 1.16(c))</small>	*	Minus	**	=	x \$	=	OR x \$	=
	Independent <small>(37 CFR 1.16(b))</small>	*	Minus	***	=	x	=	OR x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>				+	=	OR +	=	
					TOTAL		OR TOTAL		
(Column 1)		(Column 2)		(Column 3)			ADDIT. FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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